tumor. Preliminary results suggest that this approach seems a reasonable option for Stage I unilateral Wilms' tumor [5,6].

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## REFERENCES

1. Ritchey ML, Green DM, Thomas PRM, Smith GR, Haase G, Shochat S, Moksness J, Breslow NE: Renal failure in Wilms' tumor patients: a report from the National Wilms' Tumor Study Group. Med Ped Oncol 26:75–80, 1996.
2. Morgan WR, Zincke H: Progression and survival after renal-conserving surgery for renal cell carcinoma: experience in 104 patients and extended follow-up. J Urol 144:852–885, 1990.
3. Stephens R, Graham SD Jr: Enucleation of tumor versus partial nephrectomy as conservative treatment of renal cell carcinoma. Cancer 65:2663–2667, 1990.
4. Herr HW: Partial nephrectomy for renal cell carcinoma with normal opposite kidney. Cancer 73:160–162, 1994.
5. Cozzi F, Schiavetti A, Clerico A, Matrunola M, Cozzi DA, Castello MA: Tumor enucleation in unilateral Wilms' Tumor: a pilot study [abstr]. Med Ped Oncol 25:313, 1995.
6. Cozzi I, Schiavetti A, Bonanni M, Matrundla M, Cozzi DA, Castello MA: Enucleative surgery for stage I nephroblastoma with a normal contralateral kidney. J Urol 156: in press, 1996.

# Letter to the Editor: Response to Letter by Cozzi and Schiavetti

We (the authors) recognize that a number of centers are employing protocols for the use of nephron sparing surgery in children with unilateral nephroblastoma. The purpose of our review was to establish the known risk of renal failure following treatment of Wilms' tumor. The National Wilms' Tumor Study Group has a long-standing commitment to track the late effects of children treated for this disease. The incidence of renal failure that we reported is the best data that is known, to date, in such a large series of patients. It will be many years before all of these patients reach late adulthood and we will be able to determine the exact risk of late clinical renal insufficiency. However, with follow-up ranging up to 25 years, we have noted a very low risk for patients with unilateral tumors.

The letter by Cozzi and Schiavetti referred to the experience with renal cell carcinoma. There is a difference between the latter patients and those with Wilms' tumor. Patients with renal cell carcinoma that are amenable to partial nephrectomy have small tumors at diagnosis. Most Wilms' tumor patients require preoperative chemotherapy to facilitate partial resection. The experience in bilateral tumors suggests that this can be feasible [1]. The National Wilms' Tumor Study Group believes that this is an acceptable treatment for bilateral tumors, given the known increased incidence of renal failure in this group of patients. However, in order to employ this approach for unilateral tumors, one would then have to weigh the small known risk of renal failure in this group vs. the problems with inaccurate staging following chemotherapy [2,3]. Therefore, we have not considered it necessary to adopt such an approach to date.

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## REFERENCES

1. Horwitz, et al: Renal salvage procedures in patients with synchronous bilateral Wilms' tumor: a report from the National Wilms' Tumor Study gorup. *Journal of Pediatric Surgery* (in press).
2. Tournade MF, Com-Nouge C, Voute PA, Lemerle J, de Kraker J, Delemarre JFM, et al: Results of the sixth International Society of Pediatric Oncology Wilms' tumor trial and study: a risk-adapted therapeutic approach in Wilms' tumor. J Clin Oncol 11:1014–1023, 1993.
3. Green DM, Breslow NE, D'Angio GJ: The treatment of children with unilateral Wilms tumor. J Clin Oncol 11:1009–1010, 1993.